

Work Order ID 106681

\*106681\*

Page 1

September-11-13 11:18:32 AM

Item ID: 647.1815

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Gusset RH

Stop

\*NS2\*

Start Date: 9/11/13 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-09-13 Tooling:

Date:

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N):

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
647.1800	N/C A								
110	DF8	13/09/17	0.00						

\*110\*

Waterjet

FLOW CNC Waterjet

2024.040

Memo

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

3	0	JmB0927
---	---	---------

\*120\*

QC

Quality Control

Memo

0.00

3	0	JmB0927
---	---	---------

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

# **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS										
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other								
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	General			Bend	General			Grain	General			Ovalized	General			Pressure/Forced
Centre Not Concentric to O/S				BOM/Route				Hardware				Over/Under tolerance				Temperature/Cure
Cracks				Broken/Damaged				Inspection Incomplete				Part Incorrect				Weld
Crushed/Crimped				Burrs				Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
Cuffs				Contamination				Maintenance				Part Moved				
Heat Treat				Countersink				Mislabeled				Positioned Wrong				
Inspection Strip in Tube				Cut Too Short				Misread				Power Loss/Surge				
Ripples in Bend				Drill Holes				Offset								
Torque Waves in Extrusion				Drawing				Out of Calibration								
Turning Sequence				Finish				Out of Sequence								
Wave/Twist in Tube				Folio				Outside Dimensions								

**Work Order ID 106681**

September-11-13 11:18:32 AM

**\*106681\***

Page 2

**Item ID:** 647.1815

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Gusset RH

Stop

**\*NS2\***

**Start Date:** 9/11/13    **Start Qty:** 2.00

**\*2\***

**Cust Item ID:**

**Required Date:** 9/11/13    **Req'd Qty:** 2.00

**\*2\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tooling:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Run

Start

**\*NR1\***

**QC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SPC (Y/N):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

130

QC8- Inspect parts - second check

0.00

**27  
9-89**

**\*130\***

QC

Quality Control

**3**

140

Form as per dwg

0.00

**DAS  
30  
9-89**

**\*140\***

Brake NC

Brake NC

**3**

**13/11/12**

150

QC5- Inspect part completeness to step on W/O

0.00

**ShP**

**\*150\***

QC

Quality Control

**3**

**13/11/13**

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: Date:

**Work Order ID 106681**

September-11-13 11:18:32 AM

**\*106681\***

Page 3

Item ID: 647.1815

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Gusset RH

Stop

**\*NS2\***

Start Date: 9/11/13 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>CZ 13/11/14 (3)</i>
Outsource process - Anodize	Memo	0.00							
	ISSUE P/O: <u>22038</u>								
	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
170 <b>*170*</b> Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>P 13/12/12 (3)</i>
Packaging	Memo	0.00							
180 <b>*180*</b> QC	QC5- Inspect part completeness to step on W/O	0.00							<i>DAS 27 9-89</i> <i>68-6</i> <i>12</i> <i>510</i> <i>BS 10/03 NKA</i> <i>3</i>
Quality Control	Memo	0.00							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																		
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																				
Part No. _____			Work Order Update <input type="checkbox"/>																																					
NCR No. _____																																								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector																											
Doc/Data																																								
Equip/Tooling																																								
Operator																																								
Material																																								
Setup																																								
Other																																								
Process																																								
Supplier																																								
Training																																								
Unapproved																																								
FAULT CATEGORY																																								
Landing Gear				General																																				
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>	Crushed/Crimped <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>

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Page 4

Item ID: 647.1815

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Gusset RH

Stop

**\*NS2\***

Start Date: 9/11/13 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 <b>*190*</b> SprayPaint	Memo	0.00	ATG	P1022038				CX	13/11/14 (3)
Spray Painting	PRIME IAW MIL-P-23377J TYPEI CLASS N AS PER DWG. (SEE NOTE 2)								
	CARDINAL 4860-50 PRIMER BATCH:		DAS						
			27						
			9-89						
200 <b>*200*</b> QC	QC14- Inspect Spray Paint	0.00	13/12/03					3	
Quality Control	Memo	0.00							
210 <b>*210*</b> Packaging	Identify as per dwg & Stock Location: SIS37	0.00						3x	13-12-3
Packaging	Memo	0.00							
	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
			DAS						
			26						
			9-89						

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**Work Order ID 106681**

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Page 5

**Item ID:** 647.1815

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Gusset RH

Stop

**\*NS2\***

**Start Date:** 9/11/13    **Start Qty:** 2.00

**\*2\***

**Cust Item ID:**

**Required Date:** 9/11/13    **Req'd Qty:** 2.00

**\*2\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tooling:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Run

Start

**\*NR1\***

**QC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SPC (Y/N):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

220

QC21- Final Inspection - Work Order Release

0.00

*AT* / Rm 13/12/03

**\*220\***

QC

Quality Control

**Memo**

0.00

*MF* / 12-03

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other			

## Picklist Print

September-11-13 11:18:32 AM

Page 1 / 1

**Work Order ID:** 106681

**Parent Item:** 647.1815

**Parent Item Name:** Gusset RH

**Start Date:** 9/11/13

**Required Date:** 9/11/13

**Start Qty:** 2.00

**Required Qty:** 2.00

**Comments:** IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

NCR: Yes / No

DQA: Date:

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

DART AEROSPACE LTD	Work Order:	106681
Description: Gasket RH	Part Number:	647-1815
Inspection Dwg: 647.1800 Rev: A		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

-10-

Measured by:	JM	Audited by:	27 289	Preliminary Approval:	
Date:	B-09-27	Date:	13 Q37	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03686					SHEET 1 OF 2	
	DWG NO. 647.1800		REV: N/C	PREPARED BY B. PETERS	DATE: 11/12/12		EFFECT ON DWG <input checked="" type="checkbox"/> INC, <input type="checkbox"/> UNINC.
	DWG TITLE: SHEETMETAL						
	APPROVED BY:	ENGR <i>[Signature]</i>	MFG <i>Dave Baker</i>	QC <i>[Signature]</i>	EFF: CURRENT ORDER		
	TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE	REASON: REVISED RADIUS ON SHEETMETAL BEND.			ECR: D-12-020		

NOTES:

- 1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4**
- 1 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N**
- 3. DEBURR AND BREAK ALL SHARP EDGES**
- 4. IDENTIFY IAW MPP-120**

106681 MLC

13-09-13

**SHEET 1, ZONE A1 WAS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	<input type="checkbox"/> CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

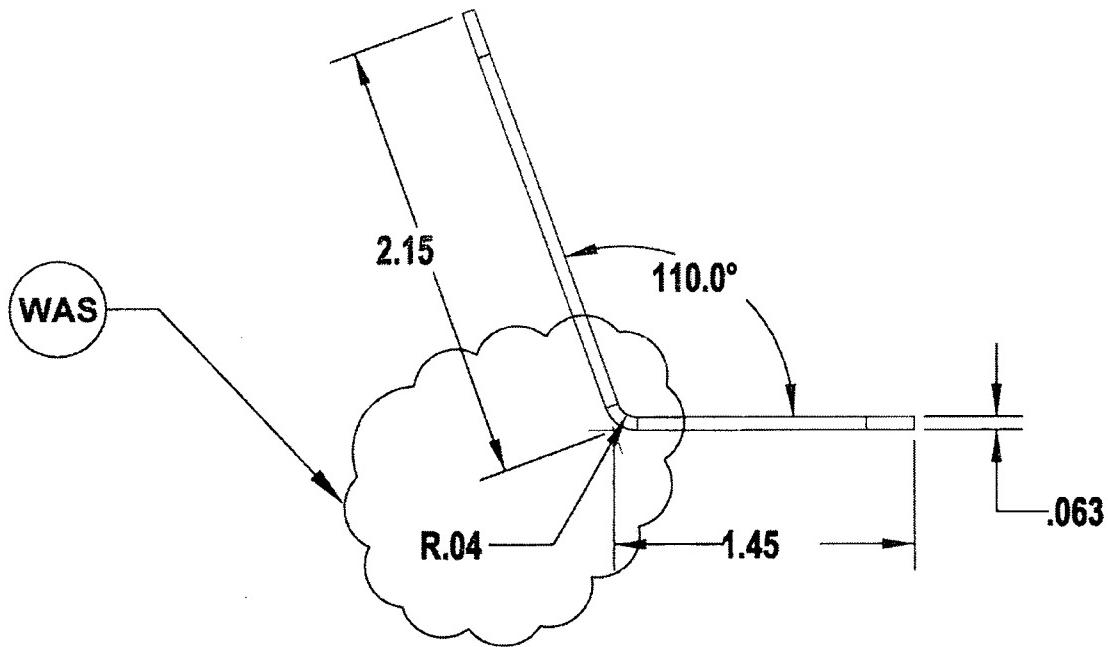
106681

APICAL INDUSTRIES, INC.

ENGINEERING CHANGE NO.

03686

SHEET 2 OF 2



**SHEET 4, ZONE D5 WAS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION
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MATERIAL /SPECIFICATION

1 2 3 4 5 6 7 8

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF  
APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT  
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

PERSONS			
REV	DESCRIPTION	DATE	APPROVED
	LASH MIMICRY REVISION P/M2		NJC
N/C	INITIAL RELEASE	08/01/09	P. BRAVO
A	INCORPORATED EC/1/03&P	11/12/12	P. BRAVO

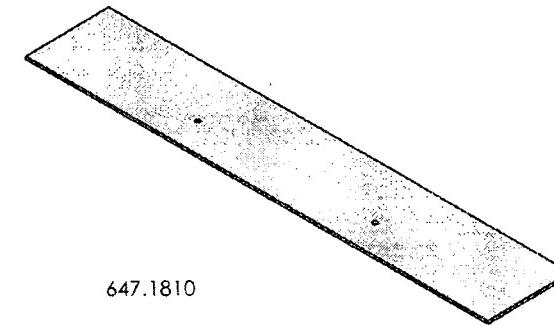
NOTES:

A △ PRIMARY MATERIAL: 2024-T3 ALUMINUM PER AMS-QQ-A-250/4  
ALTERNATE MATERIAL: 6061-T6/T62 ALUMINUM PER AMS-QQ-A-250/11

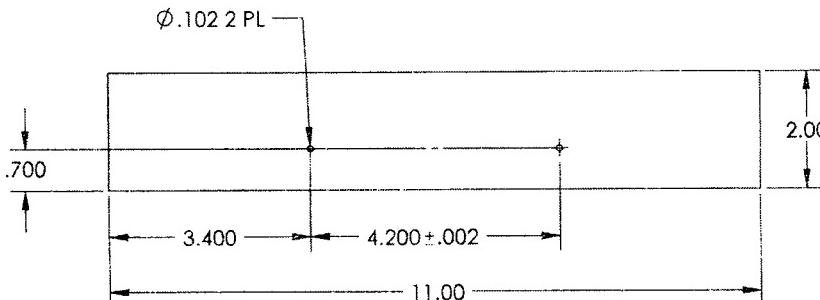
△ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120



647.1810



PARTS LIST			
QTY	FIND #	PART #	DESCRIPTION
		647.1818	NOSE DOOR SPACER
		647.1817	SUPPORT, RH
		647.1816	SUPPORT, LH
		647.1815	GUSSET, RH
		647.1814	GUSSET, LH
		647.1813	ANGLE
		647.1812	SHIM
		647.1811	SPACER
		647.1810	NOSE DOOR DOUBLER
FIND #    PART #    DESCRIPTION    MATL    SPEC.			
NEXT ASSY (S)			
647.1300			
DRAWING APPROVAL			
J. GARNER P. BRAVO			
CONTRACT NO.			
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES. TOLERANCES ARE 3 PLACE DECIMALS ± .005 ANGLES ± 5°			
REV C DATE 07/09 Dwg No. 647.1800			
B 07M26 SHEET 1 OF 7			
SCALE NONE			

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

SHEETMETAL

REV C DATE 07/09 Dwg No. 647.1800

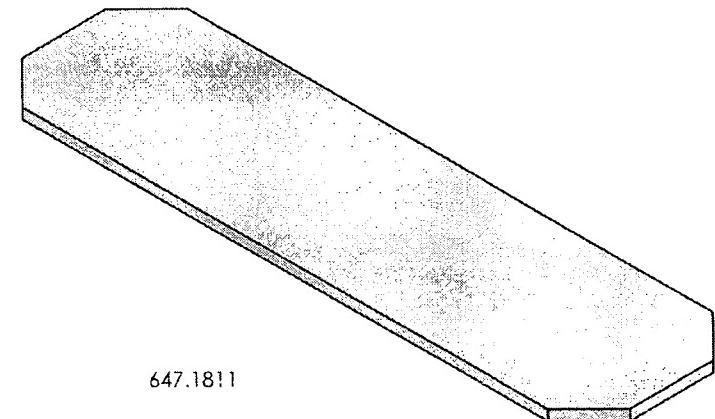
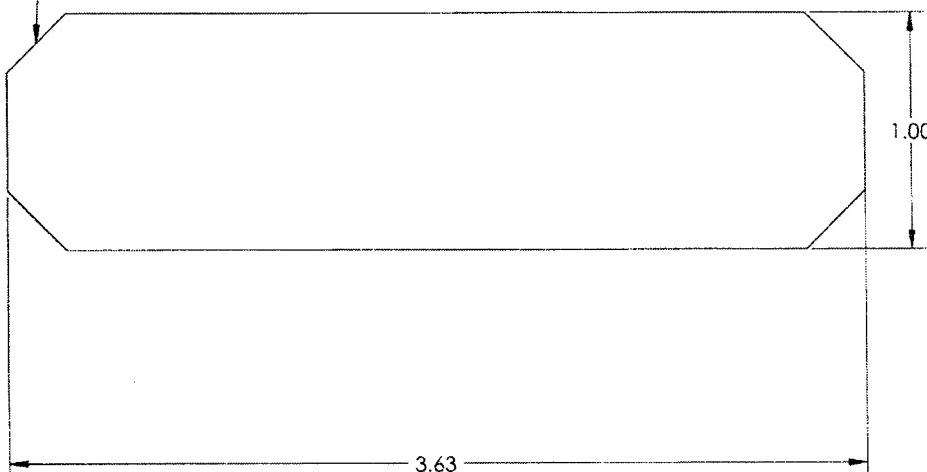
B 07M26 SHEET 1 OF 7

SCALE NONE

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106681

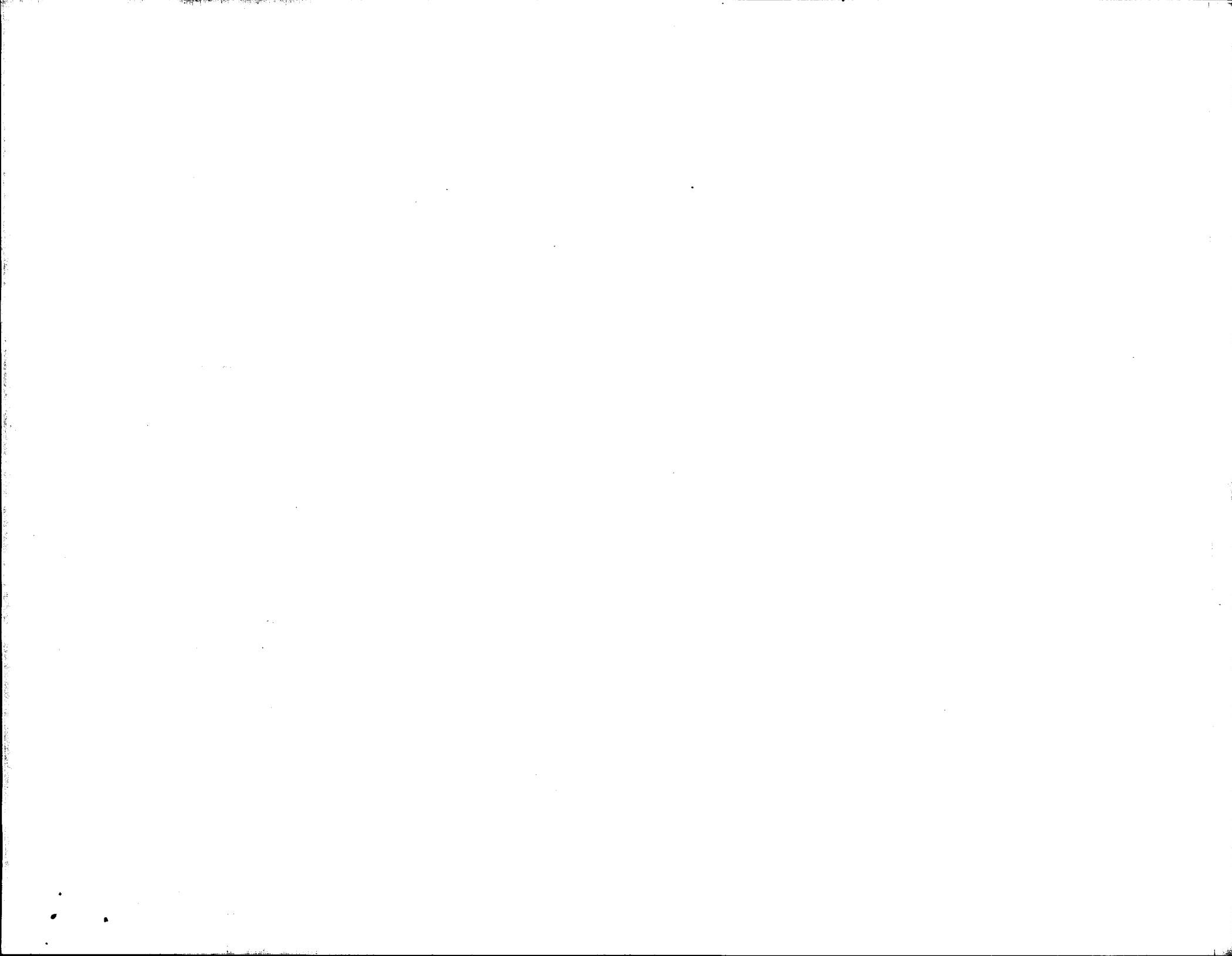
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647,181

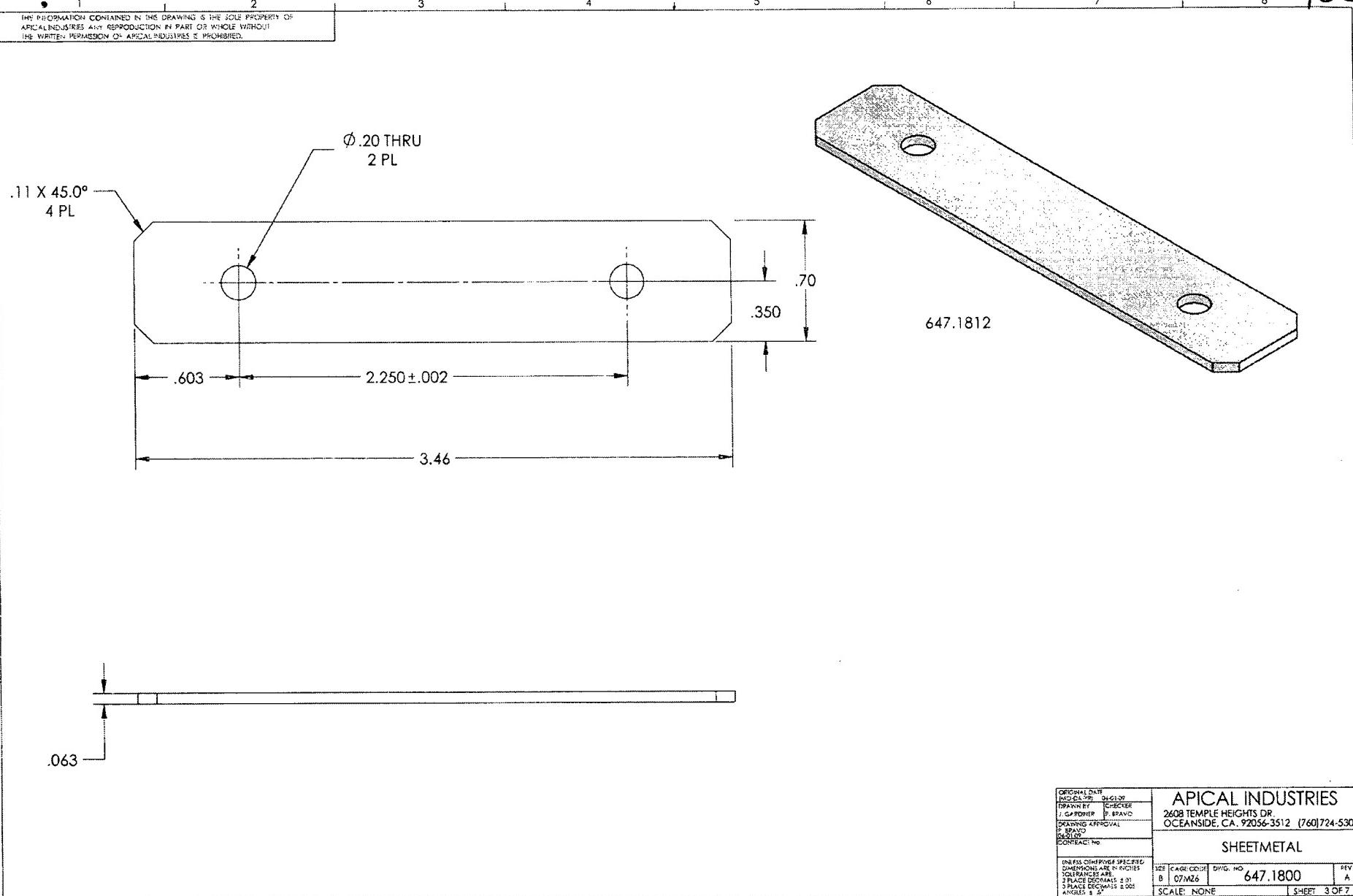
.063

ORIGINAL DRAWING LUCAS-A-PT		500-209	APICAL INDUSTRIES		
REVISIONS RECEIVED LEADER BLANK			260B TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
DRAWING APPROVAL P. BRAVO D. BRAVO COMPLACENT			SHEETMETAL		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE .005 FOR 1 TO 3 .010 FOR 4 & UP 3 PLACES DECIMALS 2.005		X-1 CAGE CODE	QWG NO.		REV.
		B D7M2	647.1800		
		SCALP: NONE	1 SHEET	2 OF 7	



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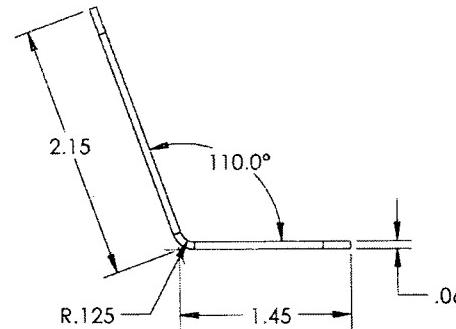
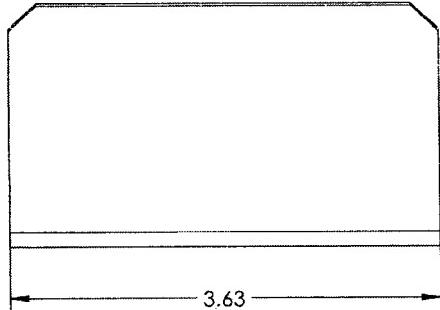
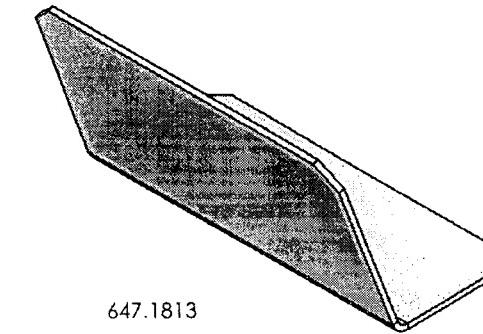
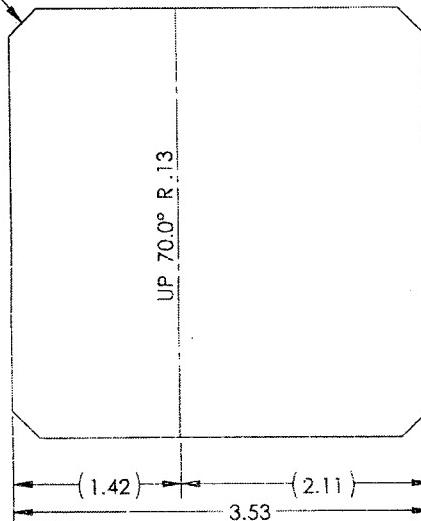
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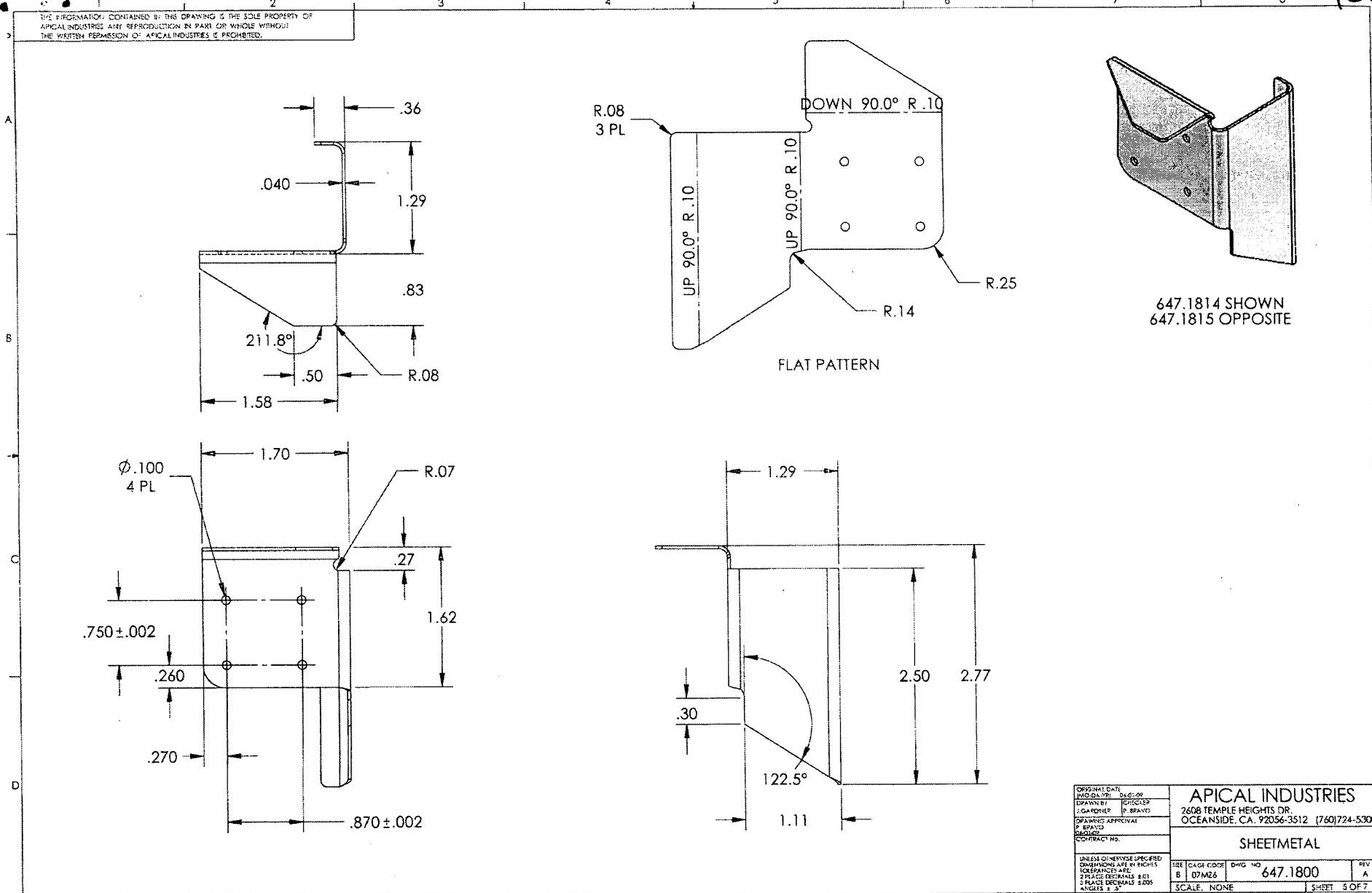
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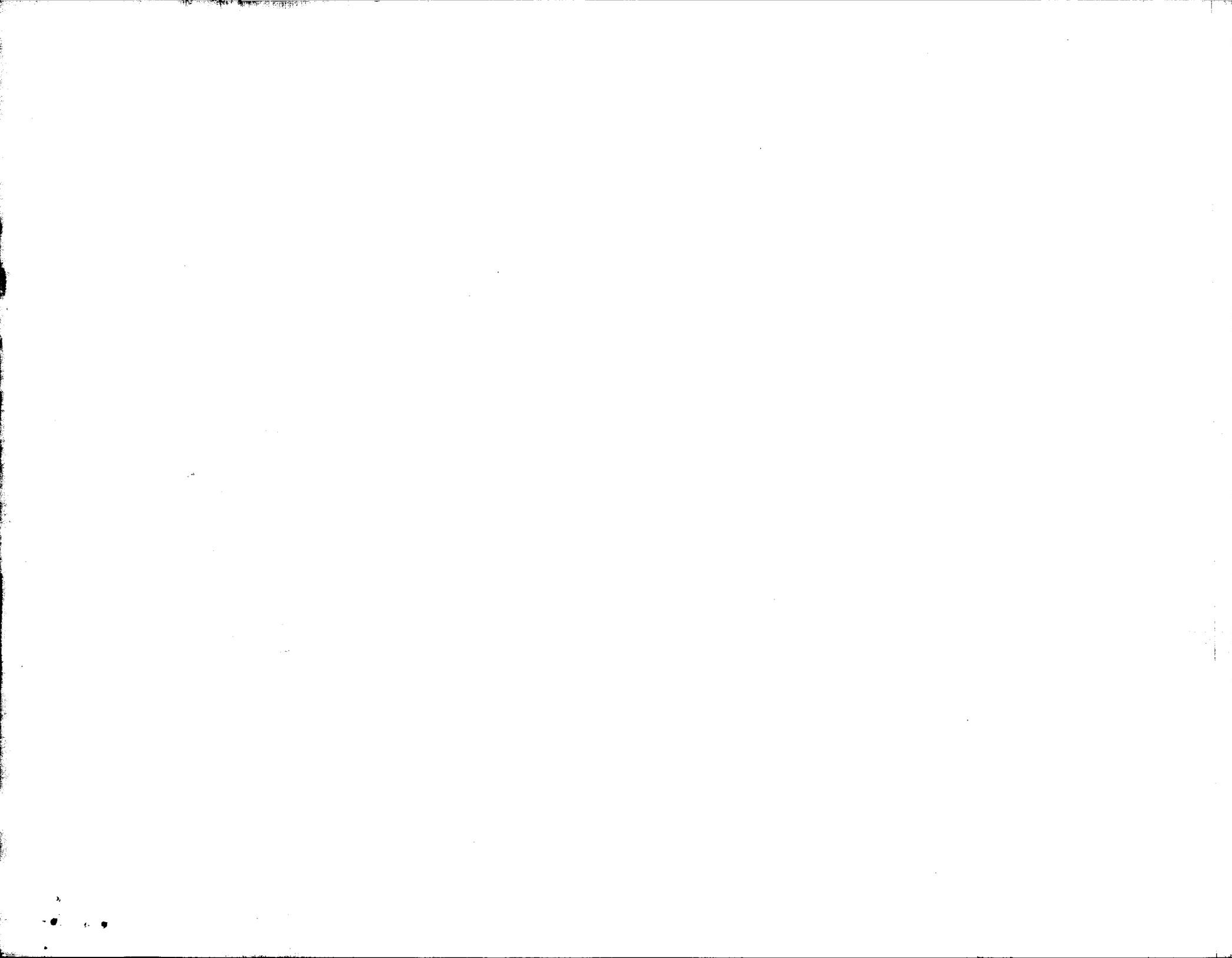
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.23 X 45.0°  
PL



ORIGINAL DATE: 10-0-01	REV. 00	
DRAWN BY: J. CIECZER	DESIGNED BY: P. BRAVO	
SUPERVISOR: P. BRAVO	SPONSOR APPROVAL: P. BRAVO	
CONTRACT #: 00000000000000000000		
APICAL INDUSTRIES		
2608 TEMPLE HEIGHTS DR.		
OCEANSIDE, CA. 92056-3512 (760)724-5300		
SHEETMETAL		
SEE CAGE CODE: B 07M46	DOC. NO. 647.1800	REV. A
SCALE: NONE		SHR: 4 OF 7

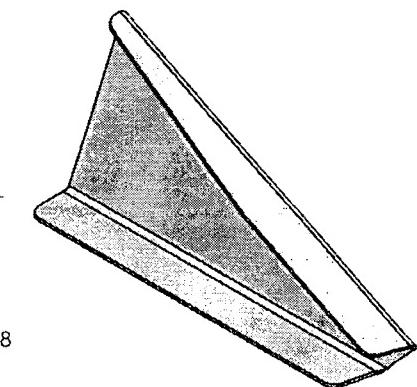
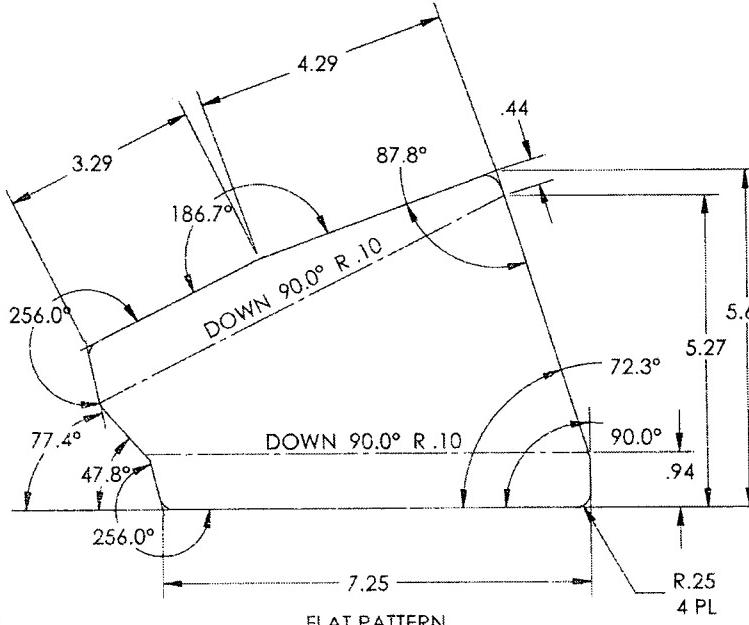
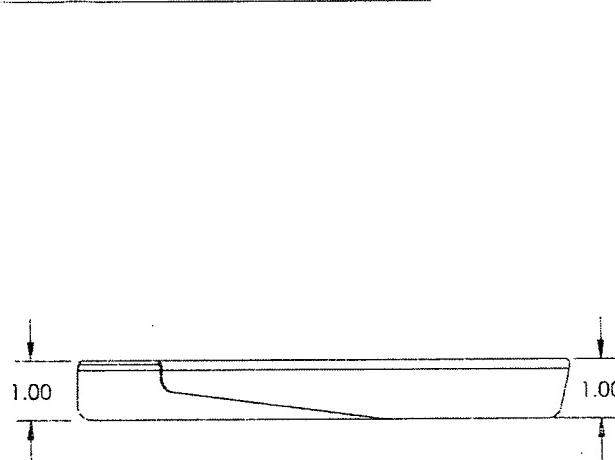




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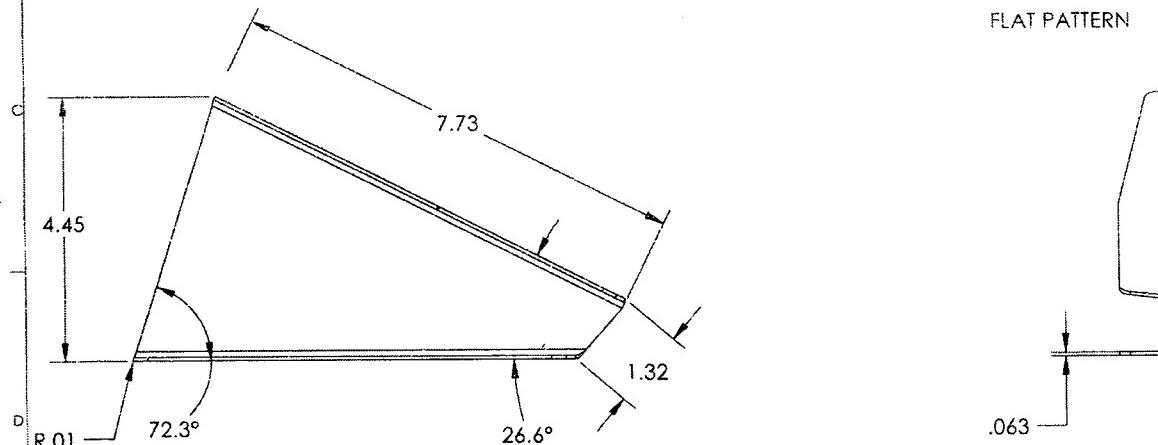
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A



647.1816 SHOWN  
647.1817 OPPOSITE

FLAT PATTERN



ORIGINAL DATE 06-01-02	REV. C	APICAL INDUSTRIES
DESIGNER J. CARDENAS	CHECKED P. BRAVO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL P. BRAVO	CONTRACTING CONTRACTING	
		SHEETMETAL
UNLESS OTHERWISE SPECIFIED TOLERANCES ARE 2 PLACE DECIMALS AND ANGLES ± 5°	JOB B DATE COM'D 07M16	DIV. NO. 647.1800 SCAL. NONE
		REV. A SHEET 6 OF 7

100608

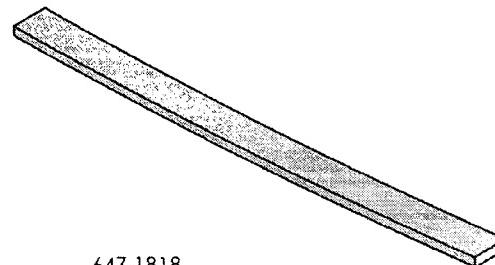
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3 1 4 1 5 1 6 1 7 1 8

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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

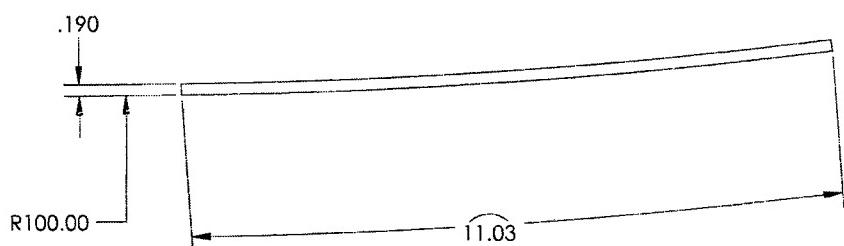
A



647.1818



B



C

D

DESIGNER DATE	05/01/92	APICAL INDUSTRIES
BUDG-DATS	05/01/92	2608 TEMPLE HEIGHTS DR.
CONTRACTOR		OCEANSIDE, CA. 92356-3512 (760)724-5300
LOADMASTER	SHAVO	
DRAWINGS APPROVAL		
SHAVO		
CONTRACT NO.		
CONTRACT INC.		
UNLESS OTHERWISE SPECIFIED		SHEETMETAL
SPACINGS ARE		
2 PLACE DECIMALS ± .01		REV. A
ANGLES ± 5°		
SCALE: NONE	647.1800	1 SHEET 7 OF 7



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

Pack List

Number: 62765

Date: 02-Dec-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 6 PCS 646.2910 (48.00) 4 PCS 646.3810 (6.55) 4 PCS 646.3812 (5.45) 20 PCS 646.3813 (6.10) 8 PCS 647.5710 (12.75) 10 PCS 649.5311 (20.15) 8 PCS 649.5312 (9.80) 3 PCS 647.1814 (6.90) 9 PCS 646.3813 (6.10) 3 PCS 647.1815 (6.90) 29 PCS 647.9310 (18.00) 26 PCS 647.9315 (14.35) 20 PCS 647.9711 (14.50)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N Job: 20130745 PO: 22038 Line:
	Certificate of Conformance  A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.  ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY  DATE: <u>2/12/13</u>  CERTIFIED SIGNATURE: <u>M</u>  RECEIVER SIGNATURE: _____